IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

CHARLESTON DIVISION

IN RE: BOSTON SCIENTIFIC CORP. PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION

MDL No. 2326

THIS DOCUMENT RELATES TO

Civil Action No.: 13-cv-4505

Hanna Wilkerson

Name of Plaintiff

PLAINTIFF FACT SHEET

Each plaintiff who allegedly suffered injury as a result of a pelvic mesh product manufactured or sold by Boston Scientific Corp. must complete this Plaintiff Fact Sheet. In completing this Fact Sheet, you are under oath and must answer every question and provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, please provide as much information as you can and then state that your answer is incomplete and explain why as appropriate. If you select an "I Don't Know" answer, please state all that you do know about that subject. If any information you need to complete any part of the Fact Sheet is in the possession of your attorney, please consult with your attorney so that you can fully and accurately respond to the questions set out below. If you are completing the Fact Sheet for someone who cannot complete the Fact sheet herself, please answer as completely as you can.

The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order. A completed Fact Sheet shall be considered interrogatory answers pursuant to Fed. R. Civ. P. 33 and 34 and will be governed by the standards applicable to written discovery under Fed. R. Civ. P. 26 through 37. You must supplement your responses if you learn that they are incomplete or incorrect in any material respect. The questions and requests for production contained in the Fact Sheet are non-objectionable and shall be answered without objection. This Fact Sheet shall not preclude Defendants from seeking additional documents and information on a reasonable, case-by-case basis pursuant to the Federal Rules of Civil Procedure and as permitted by the applicable Case Management Order.

In filling out this form, please use the following definition: "healthcare provider" means any doctor, physician, surgeon, pharmacist, hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice, and any pharmacy, x-ray department, radiology department, laboratory, physical therapist or physical

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therapy department, rehabilitation specialist, chiropractor, or other persons or entities involved in the diagnosis, care and/or treatment of you.

In filling out this form, the terms "You" or "Your" refer to the person who received pelvic mesh product(s) manufactured or sold by Boston Scientific Corp. and who is identified in Question I.1 (a) below.

To the extent that the form does not provide enough space to complete your responses or answers, please attach additional sheets as necessary.

I. BACKGROUND INFORMATION

1) Please state:

a. Full name of the person who received the pelvic mesh product(s), including maiden name:
Hanna I. Wilkerson (Doring)

b. Full name of the person completing this form, if different from the person listed in 1 (a) above, and the relationship of the person completing this form to the person listed in 1 (a) above: _____

c. The name and address of your primary attorney: Doyle Lowther , LLP
10200 Willow Creek Rd., Suite 150
San Diego, CA 92131

2) Your Social Security Number: REDACTED

3) Your date of birth: REDACTED

4) Your current residence address: 1227 Bridgeford Drive NW, Huntersville, NC 28078

If you have lived at this address for less than 10 years, provide each of your prior residence addresses from 2000 to the present:

Prior Address	Dates You Lived At This Address
15632 Three Otters Place, Manassas, VA 20112	September, 1998 - March, 2008
809 Coopers Ridge Drive Kannapolis, NC 28083	March, 2008 - June, 2008
1227 Bridgeford Drive, NW, Huntersville, NC 28078	June, 2008 - present

d. If you have copies of the written information or instructions you received, please attach copies to your response.

4) For each Boston Scientific Corp. pelvic mesh product(s) that remains implanted in you:

a. Has any doctor recommended removal of the pelvic mesh product(s)?
Yes ___ **No** _x_

If Yes, Identify by name and address the doctor who recommended removal and state your understanding of why the doctor recommended removal:

N/A

5) Have any of the Boston Scientific Corp., pelvic mesh product(s) been removed, in whole or in part?
Yes ___ **No** _x_ **Don't Know** ___

If Yes, for each pelvic mesh product removed provide:

a. On what date, where and by whom (doctor) was the pelvic mesh product(s), or any portion of it, removed? N/A

b. Explain why you consented to have the pelvic mesh product(s), or any portion of it, removed? N/A

c. Does any medical treater, physician or anybody else on your behalf have possession of any portion of the pelvic mesh product® that was previously implanted in you and removed? **Yes** ___ **No** ___ **Don't Know** ___

If Yes, please state name and address of the person or entity having possession of same. N/A

6) Do you claim that you suffered bodily injuries as a result of the implantation of any Boston Scientific Corp., pelvic mesh product(s)? **Yes** _x_ **No** ___

If Yes:

a. Describe the bodily injuries, including any emotional of psychological injuries, that you claim resulted from the implantation of the pelvic mesh product(s).
Pain; recurrence of incontinence, urinary retention, nerve damage and numbness
recurrence of cystocele, vaginal irritation. Plaintiff will need pelvic floor reconstruction.

b. When is the first time you experienced symptoms of any of the bodily injuries you claim in your lawsuit to have resulted from the pelvic mesh product(s)?